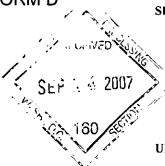
## FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

1393598



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Se	erial					
	DATE RECEI	VED					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Private Placement of Limited Partnership Interests of Participating Shares of Brookline Avenue Offshore Full	id, Ltd. DDOO
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	FINUCESSED
Type of Filing: New Filing 🗵 Amendment	SEP 2 4 2002
A. BASIC IDENTIFICATION DATA	7 2007
Enter the information requested about the issuer	THOMSON /
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	EINISOM .
Brookline Avenue Offshore Fund, Ltd.	FINANCIA
Address of Executive Offices (No. and Street, City, State, Zip Code) Tele	phone Number (Including Area Code)
c/o Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201	(214) 775-3100
Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (Incl	uding Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Investment Partnership	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ other (please speci-	fy): Cayman Islands exempted
business trust limited partnership, to be formed	company incorporated with limited liability
Actual or Estimated Date of Incorporation or Organization:  Month Year  1 1 0	6 🗵 Actual 🗀 Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FN	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	

### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230 501 et seq. or 15 U.S.C. 774(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)



<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>				A. BASIC IDEN	TIFICATION DATA		
X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; X Each executive Officer and director of Corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers.  Check Box(es) that Apply:	2.	Enter the information t	requested for the fo	llowing:			
Check Box(es) that Apply:	x x x	Each beneficial owner issuer; Each executive officer	having the power and director of cor	to vote or dispose, or direct porate issuers and of corpo	t the vote or disposition		
Full Name (Last name first, if individual)  Brookline Avenue Partners, L.P.  Business or Residence Address (Number and Street, City, State, Zip Code)  100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Member of the General Partner of the Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Managing Partner    Full Name (Last name first, if individual)  Morano, Richard M., 11  Business or Residence Address (Number and Street, City, State, Zip Code)  100 Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  100 Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  100 Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Full Name (Last name first, if individual)	<u>X</u>				<u> </u>		(D).
Brookline Avenue Partners, L.P.  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	LI Executive Officer	☐ Director	⊠ Manager
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Member of the General Partner Stotalik, Charles B.	Br	ookline Avenue Partnei	rs, L.P.				
Check Box(es) that Apply:					le)		
Slotnik, Charles B.  Business or Residence Address (Number and Street, City, State, Zip Code)  'c/o Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Member of the General Partner  Full Name (Last name first, if individual)  Morano, Richard M., 11  Business or Residence Address (Number and Street, City, State, Zip Code)  'ob Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Ruddick, Geoff  Business or Residence Address (Number and Street, City, State, Zip Code)  'ob Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  'ob Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)	Ch	eck Box(es) that Apply:	☐ Promoter		☐ Executive Officer	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)  for Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:			if individual)				
Full Name (Last name first, if individual)  Morano, Richard M., II  Business or Residence Address (Number and Street, City, State, Zip Code)  Lobe Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Ruddick, Geoff   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Beter, Lana  Business or Residence Address (Number and Street, City, State, Zip Code)  Lobe Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)	Bu	siness or Residence Add					
Morano, Richard M., 1    Business or Residence Address (Number and Street, City, State, Zip Code)	Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner	Μo	rano, Richard M., II	•				
Check Box(es) that Apply:							
Full Name (Last name first, if individual)  Ruddick, Geoff  Business or Residence Address (Number and Street, City, State, Zip Code)  Lock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  Lock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  Lock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner						☑ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)    Code   Code   Code   Court, Suite   1100, Dallas, Texas   75201			if individual)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Beeter, Lana  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	Bu:	siness or Residence Add					
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)						Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)			if individual)				
Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	Che	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Ful	l Name (Last name first,	if individual)				
Full Name (Last name first, if individual)	Bu	siness or Residence Add	ress (Number and S	Street, City, State, Zip Cod	e)		·
Full Name (Last name first, if individual)	Ch	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)	Ful	l Name (Last name first,	if individual)				× ×
	Bu	siness or Residence Add	ress (Number and S	Street, City, State, Zip Cod	e)		

					· <del>-</del>	B. IN	FORM	1ATIO	N ABC	UT O	FFERI:	NG			
t. H	as the iss	uer sold			er intend Iso in Ap							ng?	Yes		No ⊠
2. W	hat is the	e minim	um inve	stment t	hat will l	е ассер	ted fron	n any ind	dividual'	?			s	<u>5,000</u>	0,000
3. D	es the o	ffering p	permit jo	int own	ership of	a singl	e unit:						Yes		No
in of re (5	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Na	ıme (Las	t name f	īrst, if ir	ıdividua	I)										
Busine	ss or Res	idence /	Address	(Numbe	r and St	eet, Cit	y, State,	Zip Coo	le)						
Name o	of Assoc	iated Bro	oker or I	Dealer											
	n Which													•	
													C	J A	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]	<u> </u>		
	me (Las														
Busine	ss or Res	idence /	Address	(Numbe	r and St	eet, Cit	y, State,	Zip Coo	ie)				•		
Name o	of Associ	iated Bro	oker or I	Dealer											
	n Which											***************	Γ-	1 4	II States
[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	······	, 7	iii States
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full Na	me (Las	t name f	irst, if in	ıdividua	l)										
Busine	ss or Res	idence /	Address	(Numbe	r and St	eet, Cit	y, State,	Zip Coo	le)					•	
Name o	of Associ	iated Bro	oker or I	Dealer											
States i	n Which	Person	Listed H	las Solic	ited or I	ntends t	o Solicit	Purcha	sers						
											***********	••••••	C	] A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[NT]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	Debt	\$0		\$
	Equity	\$ <u> </u>		\$ <u>0</u>
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$ <u> </u>		\$ <u> </u>
	Partnership Interests	\$0		\$0
	Other (Specify Participating Shares)	\$ <u>126,319,935.</u>	32	\$ <u>126,319,935.32</u>
	Total	\$ <u>126,319,935.</u> ;	32	<b>\$</b> 126,319,935.32
	Answer also in Appendix, Column 3, if filing under ULOE			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	28		\$ <u>126,319,935.32</u>
	Non-accredited Investors	0		\$0
	Total (for filings under Rule 504 only)	N/A		\$N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
	Type of offering	Type of		Dollar Amount
	D 1 404	Security		Sold
	Rule 505	N/A		\$N/A
	Regulation A	N/A		\$ N/A
	Rule 504	N/A		\$N/A
	Total	N/A		\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secuthis offering. Exclude amounts relating solely to organization expenses of the issuer. The informable given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation may		
	Transfer Agent's Fees			<b>s</b> 0
	Printing and Engraving Costs			\$ 0
	Legal Fees		_ ⊠	\$ 92,400
	Accounting Fees		_	\$ 0
	Engineering Fees		_	\$ 0
	Sales Commissions (specify finder's fees separately)		_	<b>S</b> 0
	Other Expenses (identify)		_	<b>\$</b> 0
	Total		_ <u>X</u> )	\$ <u>92,400</u>
	total			<i>φ 2Δ</i> ,₩ <u>UU</u>

b. Enter the difference between the aggreg and total expenses furnished in response to	ate offering price given in response to Part C-Question 1 Part C-Question 4.a. This difference is the "adjusted gross	, , , , , ,	<u>IOCEED</u>	\$ <u>126,227,535.32</u>
each of the purposes shown. If the amount	gross proceeds to the issuer used or proposed to be used for for any purpose is not known, furnish an estimate and he total of the payments listed must equal the adjusted gross to Part C-Question 4.b. above.			
		Oi Dire	ments to fficers, ectors, & filiates	Payments To Others
Salaries and fees		<b>s</b>		<b>s</b>
Purchase of real estate		<b>s</b>		<b>s</b>
Purchase, rental or leasing and instal	lation of machinery and equipment	<b>S</b>		<b>s</b>
Construction or leasing of plant build	lings and facilities	<b>s</b>		<b>s</b>
Acquisition of other businesses (including be used in exchange for the asset	uding the value of securities involved in this offering that ts or securities of another issuer pursuant to a merger)	\$		s
Repayment of indebtedness		<b>s</b>		<b>s</b>
Working capital		<b>s</b>		<b>s</b>
Other (specify) (investments)		\$	×	\$ <u>126,227,535.32</u>
Column Totals		\$	X	\$ <u>126,227,535.32</u> 2
Total Payments Listed (column totals	added)		\$ <u>126,2</u>	227,535.32
	D. FEDERAL SIGNATURE			•
signature constitutes an undertaking by the issuer	d by the undersigned duly authorized person. If this notice is to furnish to the U.S. Securities and Exchange Commission, credited investor pursuant to paragraph (b) (2) of Rule 502.	filed und upon wri	der Rule 50 itten reque	05, the following st of its staff, the
Issuer (Print or Type)	Signature Date	<b>1</b>		
Brookline Avenue Offshore Fund, Ltd.	Market 1	er <b>[2</b> , 20	07	
Name of Signer (Print or Type)	Atle of Signer (Print or Type)			
Richard M. Morano, II	Director and Member of the General Partner of the Manag	er of the	lssuer	
	ATTENTION		401100	4004)

	E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such Yes No rule?								
	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the ersigned duly authorized person.								
Issi	er (Print or Type)  Signature  Date								
Bro	okline Avenue Offshore Fund, Ltd. September 2007								
Na	Name of Signer (Print or Type)  Trile of Signer (Print or Type)								
Ric	Richard M. Morano, II Director and Member of the General Partner of the Manager of the Issuer								

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

ı	:	2	3		5			
	non-acc investor (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
AL								
AK								
AZ								
AR					,			
CA		х	\$106,422,455	19	\$106,422,455	0	\$0	No
СО								
СТ								
DE								
DC								
FL		х	\$500,000	1	\$500,000	0	\$0	No
GA								
ні								
ID								
IL								
IN								
IA								
KS								
КУ								
LA								
ME								
MD			!					
MA								
MI				<u>.</u>				
MN								
MS							<u> </u>	
МО								

## **APPENDIX**

1		2	3		4			5
	non-ac investor (Pa	to sell to credited is in State in B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
MT						<del>                                      </del>		
NE								
NV				.,				
NH								
NJ								
NM				· · · · · · · · · · · · · · · · · · ·				
NY		Х	\$1,647,480.32	2	\$1,647,480.32	0	\$0	No
NC								
ND								
ОН								
ОК								
OR								
PA								
RI								
SC								
SD								
TN								
TX		Х	\$1,000,000	1	\$1,000,000	0	<b>\$</b> 0	No
UT								
VT								
VA								
WA								
wv								
WI								
WY								
PR								

